

9638

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Chesler</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Chesler</i>
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) <i>X Lablata</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Bygone Road</i>	<i>X</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Physicians Man. Hospital</i>		STREET ADDRESS (If rural give location)	<i>1</i>
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>JAMES</i>	(Middle)	(Last) <i>COOPER</i>	OF DEATH: <i>OCT 4 1955</i>
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>M</i>	8. DATE OF BIRTH: <i>Jan. 18, 1912</i>
9. AGE last birthday: <i>43</i> yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Months	Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Lumber</i>	11. BIRTHPLACE (State or foreign country): <i>Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME: <i>Richard Cooper</i>		14. MOTHER'S MAIDEN NAME: <i>Mary McPherson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT & ADDRESS: <i>Mary Cooper, Bygone Road, Md.</i>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <i>331X Cerebral hemorrhage</i>			<i>1 day</i>
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>2 Oct</i> , 19 <i>55</i> , to <i>4 Oct</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>3 Oct</i> , 19 <i>55</i> , and that death occurred at <i>1:10</i> AM, from the causes and on the date stated above.			
SIGNATURE <i>J. M. Johnson</i>		DATE SIGNED <i>4 Oct 1955</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>10/6/55</i>	
NAME OF CEMETERY OR CREMATORY <i>St. Joseph</i>		LOCATION (City, town, or county) (State) <i>Campret, Md.</i>	
24. FUNERAL DIRECTOR		ADDRESS	
DATE REC'D BY LOCAL REGISTRAR <i>10/4/55</i>		REGISTRAR'S SIGNATURE <i>John D. Bosen</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>Hunt &amp; Ryon, Waldorf, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

OCT 6 1955

RECEIVED

## INSTRUCTIONS

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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9639

Item 9, Film G188 10-31-55 et

## CERTIFICATE OF DEATH

Items 8,9: film G188 11-3-55 L

Reg. Dist. No. 100

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Charles</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>La Plata</u>		<u>6 days</u>		TOWN <u>Pisgah</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Physicians Memorial Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
<u>James</u>		<u>(Joseph)</u>		<u>Ashley</u>		<u>Mattingly</u>	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>Male</u>		<u>white</u>		<u>Widowed</u>		<u>Nov. 30, 1888</u>	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>65 1/2</u>		<u>66 yrs.</u>		<u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>Powder factory Ret.</u>				<u>US Gov.</u>		<u>Maryland</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Bernard L Mattingly</u>				<u>Laura I Bowie</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
<u>no</u>				<u>none</u>		<u>Mrs. Jean Abell, Pisgah, Md.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				<u>Cerebral Vascular occlusion</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH			
(B)				<u>2 weeks</u>			
(C)				<u>10 years</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White at work Not while at work		21f. HOW DID INJURY OCCUR?			
<u>M.</u>		<input type="checkbox"/>		<input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>June 19 55</u> , to <u>20 Oct 55</u> , that I last saw the deceased alive on <u>20 Oct 55</u> , and that death occurred at <u>4:07 PM</u> , from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>Wendell M. Johnson</u>				<u>La Plata Md 20 Oct 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				NAME OF CEMETERY OR CREMATORY			
<u>burial</u>				<u>St. Ignatius Cemetery</u>			
DATE THEREOF				LOCATION (City, town, or county)			
<u>10-24-55</u>				<u>Hill Top, Md.</u>			
24. REC'D BY REGISTRAR				25. FUNERAL DIRECTOR'S SIGNATURE			
REGISTRAR'S SIGNATURE				ADDRESS			
<u>Julia H. Posey</u>				<u>Huntt Funeral Home</u>			
DATE				Waldorf, Md.			
<u>10/24/55</u>							

100000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

# CERTIFICATE OF DEATH

Dec. 2nd 1901

1. NAME OF DECEASED

2. SEX

3. AGE

4. COLOR

5. OCCUPATION

6. PLACE OF BIRTH

7. DATE OF BIRTH

8. TIME OF DEATH

9. CAUSE OF DEATH

10. PLACE OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEAREST RELATIVE

16. SIGNATURE OF CLERGYMAN

17. SIGNATURE OF JUDGE

18. SIGNATURE OF SHERIFF

19. SIGNATURE OF CORONER

20. SIGNATURE OF JURY

21. SIGNATURE OF COURT

22. SIGNATURE OF JUDGE

23. SIGNATURE OF SHERIFF

24. SIGNATURE OF CORONER

25. SIGNATURE OF JURY

26. SIGNATURE OF COURT

27. SIGNATURE OF JUDGE

28. SIGNATURE OF SHERIFF

29. SIGNATURE OF CORONER

30. SIGNATURE OF JURY

31. SIGNATURE OF COURT

32. SIGNATURE OF JUDGE

33. SIGNATURE OF SHERIFF

34. SIGNATURE OF CORONER

35. SIGNATURE OF JURY

36. SIGNATURE OF COURT

37. SIGNATURE OF JUDGE

38. SIGNATURE OF SHERIFF

39. SIGNATURE OF CORONER

40. SIGNATURE OF JURY

41. SIGNATURE OF COURT

42. SIGNATURE OF JUDGE

43. SIGNATURE OF SHERIFF

44. SIGNATURE OF CORONER

45. SIGNATURE OF JURY

46. SIGNATURE OF COURT

47. SIGNATURE OF JUDGE

48. SIGNATURE OF SHERIFF

49. SIGNATURE OF CORONER

50. SIGNATURE OF JURY

51. SIGNATURE OF COURT

52. SIGNATURE OF JUDGE

53. SIGNATURE OF SHERIFF

54. SIGNATURE OF CORONER

55. SIGNATURE OF JURY

56. SIGNATURE OF COURT

57. SIGNATURE OF JUDGE

58. SIGNATURE OF SHERIFF

59. SIGNATURE OF CORONER

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83. SIGNATURE OF SHERIFF

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97. SIGNATURE OF JUDGE

98. SIGNATURE OF SHERIFF

99. SIGNATURE OF CORONER

100. SIGNATURE OF JURY

101. SIGNATURE OF COURT

102. SIGNATURE OF JUDGE

103. SIGNATURE OF SHERIFF

104. SIGNATURE OF CORONER

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106. SIGNATURE OF COURT

107. SIGNATURE OF JUDGE

108. SIGNATURE OF SHERIFF

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110. SIGNATURE OF JURY

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133. SIGNATURE OF SHERIFF

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136. SIGNATURE OF COURT

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138. SIGNATURE OF SHERIFF

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178. SIGNATURE OF SHERIFF

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181. SIGNATURE OF COURT

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183. SIGNATURE OF SHERIFF

184. SIGNATURE OF CORONER

185. SIGNATURE OF JURY

186. SIGNATURE OF COURT

187. SIGNATURE OF JUDGE

188. SIGNATURE OF SHERIFF

189. SIGNATURE OF CORONER

190. SIGNATURE OF JURY

191. SIGNATURE OF COURT

192. SIGNATURE OF JUDGE

193. SIGNATURE OF SHERIFF

194. SIGNATURE OF CORONER

195. SIGNATURE OF JURY

196. SIGNATURE OF COURT

197. SIGNATURE OF JUDGE

198. SIGNATURE OF SHERIFF

199. SIGNATURE OF CORONER

200. SIGNATURE OF JURY

201. SIGNATURE OF COURT

202. SIGNATURE OF JUDGE

203. SIGNATURE OF SHERIFF

204. SIGNATURE OF CORONER

205. SIGNATURE OF JURY

206. SIGNATURE OF COURT

207. SIGNATURE OF JUDGE

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210. SIGNATURE OF JURY

211. SIGNATURE OF COURT

212. SIGNATURE OF JUDGE

213. SIGNATURE OF SHERIFF

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281. SIGNATURE OF COURT

282. SIGNATURE OF JUDGE

283. SIGNATURE OF SHERIFF

284. SIGNATURE OF CORONER

285. SIGNATURE OF JURY

286. SIGNATURE OF COURT

287. SIGNATURE OF JUDGE

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09697

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

9690

1. PLACE OF DEATH COUNTY <u>Charles</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>LA PLATA</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Physician's Mem. Hospital</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Charles</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Newport</u> STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>AGNES CLARICE PRICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 21 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>C.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S.</u>	8. DATE OF BIRTH <u>Sept. 21, 1955</u>	9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MD.</u>			
13. FATHER'S NAME <u>Stirley Benjamin Price</u>			14. MOTHER'S MAIDEN NAME <u>MARY EDNA COLE</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>MARY EDNA PRICE Newport, MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5710 IMMEDIATE CAUSE (A) <u>Acute GastroEnteritis (Severe)</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Pneumonitis, Bilateral</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>7 days</u> <u>2 days</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Dehydration</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work Not while at work		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>15 OCT.</u> , 19 <u>55</u> , to <u>21 OCT.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>21 OCT.</u> , 19 <u>55</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>John H. Griffin</u> M.D.		ADDRESS (Street, city, town, state) <u>Hughesville, Md.</u>		DATE SIGNED <u>10/21/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>10-21-55</u>		NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>			
24. REC'D BY REGISTRAR <u>John H. Posen</u>		REGISTRAR'S SIGNATURE		LOCATION (City, town, or county) <u>Newport, MD</u>			
DATE <u>10/21/55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arbust Funeral Home, La Plata, Md</u>		ADDRESS			

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10587

CERTIFICATE OF DEATH

1912

Charles

also

Newport

Physician: M. M. Hospital

Charles

Sept 21st

C.

F.

Infant

also

Joint of Benjamin Price Mary Egan Case

Mary Egan Price Newport MD.

Gen. Postmortem (exam)  
Pneumonia, bilateral

Throat  
Lungs

Respiration

Adipose

BUREAU V. 2

15 OCT 22

21 OCT 22

John H. Huffer

10 OCT 1912

RECEIVED

RECORDED

Vertical text on the right margin, likely containing filing or administrative information.



9691

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Chas.</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Chas. Pr. Res.</u>
CITY (If outside corporate limits, write RURAL or TOWN and give nearest town) <u>La Plata.</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Accokeek.</u>	<u>16 X. 2</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Physicians Memorial Hosp. La Plata. Md.</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First)	(Middle)	(Last)	
<u>RICHARDS</u>		<u>Oct 1 1955</u>	
5. SEX: <u>Male.</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>	8. DATE OF BIRTH: <u>1 Oct 55</u>
9. AGE last birthday: <u>—</u> yrs.		IF UNDER 1 YEAR: <u>—</u> Months <u>—</u> Days	IF UNDER 24 HRS.: <u>14</u> Hours <u>50</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>—</u>	11. BIRTHPLACE (State or foreign country): <u>Charles Co. Maryland.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Herbert Le Roy Richards.</u>	
14. MOTHER'S MAIDEN NAME: <u>Elaine Marshall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS: <u>Father Rt 1. Box 162. Accokeek, Maryland</u>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Respiratory collapse.</u>			<u>14 hrs.</u>
ANTECEDENT CAUSE (B) <u>Pre maturity-</u>			<u>6 1/2 years.</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>premature separation of placenta</u>			<u>6 hrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>—</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u>—</u>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>1 Oct</u> , 1955, to <u>1 Oct</u> , 1955, that I last saw the deceased alive on <u>1 Oct</u> , 1955, and that death occurred at <u>2:50 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>Dorwood</u>		ADDRESS <u>La Plata.</u>	DATE SIGNED <u>1 Oct 55</u>
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>10/2/55</u>	NAME OF CEMETERY OR CREMATORY <u>Calver</u>	LOCATION (City, town, or county) (State) <u>Waldorf, Md.</u>
DATE REC'D BY LOCAL REGISTRAR <u>10/2/55</u>	REGISTRAR'S SIGNATURE <u>Julian H. Casey</u>	24. FUNERAL DIRECTOR <u>Herbert L. Richards</u>	ADDRESS <u>Accokeek, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 4 1955

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

09699

9692

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Chas</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Victoria</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>MT Victoria</u> (rural) <u>x</u>	
TOWN <u>Victoria</u> LENGTH OF STAY (in this place) <u>2 yrs</u>		TOWN <u>MT Victoria</u> (rural) <u>x</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Robert</u> (First) <u>Robinson</u> (Last)		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>27</u> (Year) <u>1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>2</u>	8. DATE OF BIRTH <u>8-29-47</u> 8 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>John Ford</u> (Last, Father)		14. MOTHER'S MAIDEN NAME <u>Bessie Ford</u> (Last, Mother)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mrs Bessie Ford</u> <u>MT Victoria Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.2

Immediate cause

(a)

STATUS Epilepticus

INTERVAL BETWEEN ONSET AND DEATH

10-27-55

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

10/31/55Julia H. HosenFort Funeral HomeWaldorf Md

BUREAU V. S.

NOV 2 1955

RECEIVED

1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09700

9693

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Charles</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Chas</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Bryantown</u>				TOWN <u>Bryantown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
(First) <u>DANIAL</u> (Middle) <u>G</u> (Last) <u>SIMMS</u>				10 31 19 55			
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 30 1881</u>	9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Simms</u>				14. MOTHER'S MAIDEN NAME <u>Ohh</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S ADDRESS <u>Bryantown Md</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
450.0 IMMEDIATE CAUSE (A) <u>Arterio-sclerosis</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.							
SIGNATURE <u>Harry R. Coburn</u> M.D. <u>Bryantown</u>				ADDRESS (Street, city, town, state) <u>Md</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>11-3-55</u>	NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		LOCATION (City, town, or county) (State) <u>Bryantown Md</u>			
24. REC'D BY REGISTRAR <u>Julia R. Boney</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hunt Funeral Home</u>		ADDRESS <u>Waldorf Md</u>			
DATE <u>11/3/55</u>							



1

INSTRUCTIONS

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09701

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY <u>Charles</u> MARYLAND CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) <u>Ladysburg Md</u> HOSPITAL OR STREET ADDRESS <u>Phys. Mem. Hosp.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Chas.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Issue</u> STREET ADDRESS (If rural give location) <u>Md - 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Minnie E</u> (First) <u>SIMPSON</u> (Last)				4. DATE OF DEATH (Month) <u>10</u> (Day) <u>28</u> (Year) <u>1955</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Nov 16, 1882</u>	9. AGE last birthday <u>72</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Charles Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Randolph Swann</u>				14. MOTHER'S MAIDEN NAME <u>Opelonia Burroughs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>William T Simpson Issue Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertension</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH <u>10-2-55</u> <u>1953</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1953</u> , to <u>10-28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>55</u> , and that death occurred at <u>11:20</u> A.M. from the causes and on the date stated above.							
SIGNATURE <u>E. G. Gable</u>		ADDRESS (Street, city, town, state) <u>Ladysburg Md</u>		DATE SIGNED <u>10-28-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>10/31/55</u>		NAME OF CEMETERY OR CREMATORY <u>Trinity</u>		LOCATION (City, town, or county) (State) <u>Newport, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Julia H. Boney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arbent Funeral Home</u>			
DATE <u>10/31/55</u>		ADDRESS <u>Ladysburg, Md</u>					

100701

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

CERTIFICATE OF DEATH

Charles  
Lafayette  
Thompson  
Minnie E  
W  
H  
J  
10 28 12

Thompson  
Minnie E  
10 28 12

10 28 12  
Lafayette  
Thompson  
10 28 12